**ST 3-5**

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| **Key skills** | **CBD** | **Mini-Cex** | **OSAT** | **Reflection** | **Procedure log** | **TO2** | **Other** |
| **CiP 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality and safe patient-centred care.**  |
| A trainee who is meeting expectations will continue to make progress as outlined above for ST1-2 but with increasingly complex cases. They will modify their approach when an individual’s personal circumstances may have an impact on engagement and care. They will consider views, preferences and expectations when working with women and their families to establish a person-centered management plan. They facilitate women’s decision making sharing information in a non-judgemental fashion, using translators where necessary to create the conditions for informed consent. They will recognise their limitations and escalate care where appropriate. They demonstrate an ability to deal with complex situations.  |
| Able to take history and perform clinical examination and use appropriate investigations to establish diagnosis  |  |  |  |  |  |  |  |
| Facilitates discussions  |  |  |  |  |  |  |  |
| Ability to facilitate women’s decision making  |  |  |  |  |  |  |  |
| Provides treatment  |  |  |  |  |  |  |  |
| **CiP 2: The doctor is able to work effectively within health organisations.**  |
| A trainee meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will be able to demonstrate an awareness of the role of government and the agencies and public bodies who work with the Department of Health. They will promote a safety culture and will have actively participated in quality improvement projects. The trainee will have participated in local risk management meetings. They will have an awareness and basic knowledge of the theory which underpins incident investigations. The trainee will demonstrate an understanding of the Duty of Candour in modern healthcare and how it relates to their practice. They will have some understanding of budget and resource management. The trainee demonstrates the ability to effectively signpost patients and their families to patient support websites, and have some skills in working with patients to interpret information in the public domain.  |
| Aware of the healthcare systems in the four nations of the UK  |  |  |  |  |  |  |  |
| Aware of and adheres to legal principles and professional requirements  |  |  |  |  |  |  |  |
| Aware of ethical principles  |  |  |  |  |  |  |  |
| Participates in clinical governance processes  |  |  |  |  |  |  |  |
| Works effectively within the digital environment  |  |  |  |  |  |  |  |
| **CiP 3: The doctor is a leader and follower who shares vision, engages and delivers results.**  |
| A trainee meeting expectations will be able to lead a simple project to successful completion using skills of negotiation and managing conflict with minimal support. They will be able to demonstrate the importance of role modelling and can show development of these skills in action. The trainee will be exploring their own leadership style and understand how it alters their performance. The trainee shows insight into their own clinical performance and has strategies to maintain own mental strength and resilience and is starting to develop these skills in others.  |
| Comfortable influencing and negotiating  |  |  |  |  |  |  |  |
| Manages conflict  |  |  |  |  |  |  |  |
| Understands human behaviour and demonstrates leadership skills  |  |  |  |  |  |  |  |
| Demonstrates insight  |  |  |  |  |  |  |  |
| Manages stress and fatigue  |  |  |  |  |  |  |  |
| Able to make effective use of resources and time management  |  |  |  |  |  |  |  |

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| **CiP 4: The doctor is able to design and implement quality improvement projects or interventions.**  |
| A trainee who is meeting expectations understands quality improvement and undertakes and evaluates the impact of QI interventions and will continue to make good progress in the areas covered in their earlier training programme. They will have participated in QI project under senior supervision with involvement in delivering an outcome of a QI project. They will have identified stakeholders, and effectively shared learning and implementation of change. Participated in development and implementation of local guidelines under senior supervision.  |
| Understands quality improvement (quality is safety, experience and efficacy)  |  |  |  |  |  |  |  |
| Undertakes and evaluates impact of QI interventions  |  |  |  |  |  |  |  |
| **CiP 5: The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels.**  |
| A trainee who is meeting expectations will continue to make good progress in the areas covered in their earlier training programme. They will show skills in negotiation. They can manage conflict with support. They can demonstrate an understanding of leadership styles and show practical examples of this. They can provide evidence on how reflection promotes their learning. They will be developing skills to manage stress and fatigue within their team and provide support. They can delegate with support and can demonstrate effective time management skills. They recognise the importance of budgetary awareness and resource management and with support can provide practical examples of this.  |
| Maintains situational awareness  |  |  |  |  |  |  |  |
| Demonstrates insight into decision making  |  |  |  |  |  |  |  |
| Ability to respond to human performance within adverse clinical events  |  |  |  |  |  |  |  |
| Team working  |  |  |  |  |  |  |  |
| Understands systems and organisational factors  |  |  |  |  |  |  |  |
| **CiP 6: The doctor takes an active role in helping self and others to develop themselves**  |
| A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will encourage career development in others. They may be able to demonstrate an awareness of the characteristics of a colleague in difficulty. They understand the importance of signposting colleagues to psychological support services either through the employer or doctors’ support service, but may need guidance to do so. They understand and use SMART objectives to set personal development goals with guidance. The trainee will be giving reassurance that they are continuing to improve in the areas covered in their earlier training, and making reasonable progress in acquiring additional key skills.  |
| Demonstrates a commitment to continued learning  |  |  |  |  |  |  |  |
| Develops people  |  |  |  |  |  |  |  |
| Promotes excellence  |  |  |  |  |  |  |  |
| Provides pastoral care  |  |  |  |  |  |  |  |
| Provides support to second victims  |  |  |  |  |  |  |  |
| Demonstrates performance management  |  |  |  |  |  |  |  |
| **CiP 7: The doctor is able to engage with research and promote innovation.**  |
| A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will use an evidence-based approach to patient care in most situations. They will be able to communicate research results to women in an unbiased manner, with support and encouragement. They assist patients to make informed consent decisions on some occasions, but may need support to do so. They will take a role in the development of local guidance, problem-solving and innovation when prompted, and may be able to support others to do the same on some occasions. They can communicate results and critically appraise their own work with support. They understand and use SMART objectives to set personal development goals with guidance. The trainee will be able to provide evidence that they are continuing to improve in the areas covered in their earlier training and making reasonable progress in acquiring additional key skills.  |
| Demonstrates research skills  |  |  |  |  |  |  |  |
| Demonstrates critical thinking  |  |  |  |  |  |  |  |
| Innovates  |  |  |  |  |  |  |  |

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| **CiP 8: The doctor is effective as a teacher and supervisor of healthcare professionals.**  |
| A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. With supervision they can plan and facilitate multidisciplinary labour ward skill sessions incorporating simulation technology wherever possible. They understand and value the importance of interprofessional learning but require guidance to create opportunities to maximise learning as a multidisciplinary team. They can deliver regional and local teaching and support junior trainees to develop quality local teaching sessions. They take some opportunities to develop their clinical practise, and the service more widely, by learning from patients and stakeholders’ feedback; this could include, but should not be limited to, initiating quality improvement projects and updating current guidance. They take most opportunities to educate patients in their own healthcare management and support junior colleagues to take every opportunity to do so. They supportively and effectively directly supervise junior colleagues and may begin to demonstrate the skills and attributes of a Clinical Supervisor, including assessments of junior colleagues and medical students and occasionally effectively employ feedback strategies. They demonstrate attention to the dignity and safety of all patients, or volunteers, involved in teaching and encourage junior colleagues to do so.  |
| Delivers effective teaching  |  |  |  |  |  |  |  |
| Embraces interprofessional learning  |  |  |  |  |  |  |  |
| Involves stakeholders in education  |  |  |  |  |  |  |  |
| Supervises and appraises  |  |  |  |  |  |  |  |
| **CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy.**  |
| A trainee who is meeting expectations will continue to make good progress in the areas covered in their earlier training programme. They will be able to perform a focused history, appropriate examination, order relevant investigations and formulate a differential diagnosis. They can demonstrate the skills to discuss diagnosis in a sensitive manner and formulate appropriate individualised management plans taking into account patient preferences and the urgency required. They can demonstrate prompt assessment of the acutely deteriorating patient. They can delegate appropriately to other members of the team. They will recognise limitations and escalate care to senior colleagues when appropriate. They will be able to demonstrate the ability to provide initial gynaecological opinion for another speciality with support. They can perform surgery to the appropriate level. They will be able to demonstrate they can ensure continuity of care, effective handover and appropriate discharge planning. They can demonstrate appropriate risk management procedures are undertaken and commence safeguarding referrals where appropriate.  |
| Manages acute pelvic pain in the non-pregnant woman  |  |  |  |  |  |  |  |
| Manages vaginal bleeding in the non-pregnant woman  |  |  |  |  |  |  |  |
| Manages acute infections  |  |  |  |  |  |  |  |
| Manages acute complications of gynaecological treatment  |  |  |  |  |  |  |  |
| Manages vaginal bleeding and pain in early pregnancy  |  |  |  |  |  |  |  |
| Manages other early pregnancy complications  |  |  |  |  |  |  |  |
| Manages the acute gynaecological workload  |  |  |  |  |  |  |  |
| **CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics.**  |
| A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will be able to manage the common obstetric emergency presentations including taking a focused history, appropriate examination and ordering investigations They will be able to formulate an appropriate and individualised management plan taking into account patient preferences and the urgency required. They will be able to manage concerns about fetal wellbeing in both the non-labouring woman and labouring woman. They will begin to manage intrapartum fetal surveillance to help assess risk, be able to describe a normal and abnormal fetal heart rate pattern. They will be able to manage induction and augmentation of labour by formulating safe management plans for induction and augmentation taking into account the woman’s preferences. They will be able to manage emergency birth and immediate postpartum problems recognising when birth may need to be expedited and will be able to communicate concerns effectively and sensitively with colleagues, women and birthing partners. They will have the technical skills required on labour ward for an ST5 and will be developing the skills necessary to manage labour ward independently ensuring continuity of care, effective handover and appropriate discharge plans are in place.  |
| Manages pain and bleeding in the obstetric person  |  |  |  |  |  |  |  |

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| Manages concerns about fetal wellbeing prior to labour  |  |  |  |  |  |  |  |
| Manages suspected pre-term labour/ruptured membranes  |  |  |  |  |  |  |  |
| Manages labour  |  |  |  |  |  |  |  |
| Manages intrapartum fetal surveillance  |  |  |  |  |  |  |  |
| Manages induction and augmentation of labour  |  |  |  |  |  |  |  |
| Manages emergency birth and immediate postpartum problems  |  |  |  |  |  |  |  |
| Manages maternal collapse and people who are acutely unwell in pregnancy  |  |  |  |  |  |  |  |
| Manages labour ward  |  |  |  |  |  |  |  |
| **CiP 11: The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy.**  |
| A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will start to understand the importance of holistic care and identifying other issues which arise as a consequence of the gynaecological problem. They will start to work independently and learn when to ask for advice. They will support other colleagues and value the other team members, but may need support to do so. The trainee will be giving reassurance that they are continuing to improve in the areas covered in their earlier training and making reasonable progress in acquiring additional key skills.  |
| Manages abnormal vaginal bleeding  |  |  |  |  |  |  |  |
| Manages pelvic and vulval pain  |  |  |  |  |  |  |  |
| Manages pelvic masses  |  |  |  |  |  |  |  |
| Manages the abnormal cervical smear  |  |  |  |  |  |  |  |
| Manages suspected gynaecological cancer symptoms  |  |  |  |  |  |  |  |
| Manages urogynaecological symptoms  |  |  |  |  |  |  |  |
| Manages vulval symptoms  |  |  |  |  |  |  |  |
| Manages menopause and postmenopausal care  |  |  |  |  |  |  |  |
| Manages subfertility  |  |  |  |  |  |  |  |
| Manages sexual wellbeing  |  |  |  |  |  |  |  |
| **CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics.**  |
| A trainee who is meeting expectations will be able to obtain a relevant history and examination from a patient in a non-emergency setting, to gain the necessary information to make important basic personalised decisions about a patient’s care. This should equip trainees with the ability to make management plans alongside patients in the short-term and allow them to liaise with relevant senior support about the patients’ long-term needs. They should be able to communicate decisions and reasons with patients alongside relevant support from their colleagues, and have the ability to acknowledge and respond to the concerns of patients appropriately. A trainee should be able to recognise when they need senior support in communication with patients.  |
| Manages pre-existing medical conditions in the pregnant woman  |  |  |  |  |  |  |  |
| Manages medical conditions arising in pregnancy  |  |  |  |  |  |  |  |
| Manages fetal concerns  |  |  |  |  |  |  |  |
| Manages mental health conditions in pregnancy and the postnatal period  |  |  |  |  |  |  |  |
| Manages complications in pregnancy affected by lifestyle  |  |  |  |  |  |  |  |
| Supports antenatal decision making  |  |  |  |  |  |  |  |
| Manages the postnatal period  |  |  |  |  |  |  |  |

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| **CiP 13: The doctor is able to champion the healthcare needs of people from all groups within society.**  |
| A trainee who is meeting expectations will continue to make good progress in the areas covered in their earlier training programme. They can demonstrate patient-centred assessment and interventions that are inclusive of diversity with support. They will have an understanding of how to perform a consultation for transgender/non-binary individuals and refer appropriately. They can understand the interaction between a woman’s health and cultural beliefs, and demonstrate awareness of the relevant legislation. They can demonstrate an understanding of the principles of safeguarding and refer appropriately with support. They will be able to demonstrate an understanding of the interactions between health and a woman’s work and family life. They will also be able to understand how reproductive health issues can affect the woman’s and her partner’s mental health.  |
| Promotes non-discriminatory practice  |  |  |  |  |  |  |  |
| Aware of broader social and cultural determinants of health  |  |  |  |  |  |  |  |
| Aware of an individual’s social wellbeing  |  |  |  |  |  |  |  |
| Aware of the interaction between mental health and physical health  |  |  |  |  |  |  |  |
| **CiP 14: The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease.**  |
| A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. They will be able to provide appropriate lifestyle advice to women in a sensitive manner, and will be able to facilitate access to useful support or services such as smoking cessation and weight management, but may need reminding to do so. They will be able to provide balanced counselling regarding illness prevention strategies with encouragement. They may be aware of the impact of national policy on influencing local caregiving. They will have some understanding of the interaction between the NHS and international healthcare bodies (e.g. the WHO). They will have a basic understanding of how the increasing movement of people and health migration impacts on health services. They will be aware of the basic principles of global health.  |
| Promotes a healthy lifestyle  |  |  |  |  |  |  |  |
| Promotes illness prevention  |  |  |  |  |  |  |  |
| Aware of the national and international policies and politics which impact on women’s healthcare  |  |  |  |  |  |  |  |
| Aware of the globalisation of healthcare  |  |  |  |  |  |  |  |